

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000392

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 127

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
S.E. Meloney, Medical Certification

FILED FEB 6 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

28 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

c. CITY

OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

223 N. 8th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

CARRIE

Middle

LEE

Last

MASHBURN

4. DATE OF DEATH

Month

February 1, 1963

Day

Year

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/10/1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired proprietor

10b. KIND OF BUSINESS OR INDUSTRY

Hotel

Ethel, Mo.

11. BIRTHPLACE (City and state or country)

USA

13a. FATHER'S NAME

Owen Whisenand

13b. MOTHER'S MAIDEN NAME

Elizabeth Cook

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Andrew Whisenand, Elwood, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Right ventricular failure
Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

above years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

5:45 a.m.

Month, Day, Year

2-1-63

Home St Joseph Buchanan Mo

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5:45 a.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.E. Meloney M.D.

22b. ADDRESS

244 York St St Joseph Mo

22c. DATE SIGNED

2-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

2/4/1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Horton - Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 4, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Hadell

(Licensed Embalmer's Statement on Reverse Side)

Permit used 2/11/63

P 112
P 112

1
2
3
4

0-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spaulding
Licensed Embalmer No. 4535

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.